

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2	1		1				52							
3	2		1				53							
4	2		1				54							
5	2		1				55							
6	1		1				56							
7	1		1				57							
8	9						58							
9	1						59							
10	1						60							
11	1						61							
12	1		1				62							
13	2		1				63							
14	2		1				64							
15	2		1				65							
16	1		1				66							
17	1		1				67							
18	0						68							
19	1		1				69							
20	1		1				70							
21							71							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4			2			TOTAL IND.							
TOTAL DEP.	22	22	15				TOTAL DEP.							
TOTAL CLAIMS	26		17				TOTAL CLAIMS							